

CLINICAL UTILIZATION REVIEW REQUEST

Access to Recovery (ATR), Primary Recovery Plus (PR+), Recovery Support Form

Instructions: Complete the form by filling in the blank or selecting the appropriate response. Fax the completed form to the clinical review unit at (573) 751-9296. A complete ASI report must be available on the Outcomes Web or via fax. 10-25-2005

Name of consumer	DMH I.D. number	DOB
Name of Agency	Agency telephone number	Agency fax number for reply
Contact Person to answer clinical review questions	Title	
Date of admission	Drug of choice	Date of last use
Consumer's initial level of care	Consumer's current level of care	
Has the consumer received other substance abuse treatment during the past two years?		
If yes, please explain:		
Is the consumer currently pregnant? _____		

For additional ATR Recovery support services, please complete the following:

Recovery Support Service	\$ Amount	Name of Recovery Support Provider	Reason for Request
Care Coordination			
Child Care			
Drop-in Center			
Emergency Temporary Housing			
Family Engagement			
Pastoral Counseling			
Recovery Support – Individual			
Recovery Support – Group			
Spiritual Life Skills			
Transportation			
Work Preparation			
Total			

Notes or Comments